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| *\*Authors to complete and amend below table as applicable\** |
| **Yorkshire and Humber** **Neonatal Operational Delivery Network****Clinical Guideline** ***PAN/South/North\**** |
|  |
| Insert Guideline Full Title\* |
| **Author &/Or Working Group Name** | **\*** |
|  |
| **Date Written/Reviewed** | **\*** |
|  |
| **Date Ratified** | **\*** |
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| **Next Review due Date** | **\*** |
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| This clinical guideline has been developed to ensure appropriate evidence based standards of care throughout the Yorkshire and Humber Neonatal Operational Delivery Network. The appropriate use and interpretation of this guideline in providing clinical care remains the responsibility of the individual clinician. If there is any doubt discuss with a senior colleague. |

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**A Guideline Summary**

**1. Aims**

**2. Flow Chart/Summary Page of Recommendations**

**B Full Guideline & Evidence**

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| **Version Control Table - Document History** |
| **Date** *(of amendment/ review)* | **Issue No***.( e.g* *V1)* | **Author***(Person/s making the amendment or reviewing the Guideline)* | **Detail** *(of amendment/misc notes)* |
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